Form 12

Professional Indemnity Insurance Employers Declaration

Name of Employer
Address of Employer
Postcode
Contact Person
It is declared that:
Name of Employed Architect
is employed by
Name of Employer
and that he/she is covered by professional indemnity insurance provided by this organisation for work undertaken by this organisation.
The professional indemnity insurance provides minimum cover of at least \$1 million
☐ Yes ☐ No
Authorised Employer Signatory
Name in full
Position
Date

**Please attach a copy of the Professional Indemnity Insurance Certificate of Currency.

Please complete and email to the Architectural Practice Board of South Australia at admin@archboardsa.org.au.